

# ACCREDITATION FORM NORTH SEA SWIM MEET



Team name: \_\_\_\_\_

Name of team members, coaches and teamleader.

*Please use blockletter*

Please mark the name with C/L for swimmer, coaches or teamleader

|                     |          |
|---------------------|----------|
| <i>EX. John Doe</i> | <b>T</b> |
| 1.                  |          |
| 2.                  |          |
| 3.                  |          |
| 4.                  |          |
| 5.                  |          |
| 6.                  |          |
| 7.                  |          |
| 8.                  |          |
| 9.                  |          |
| 10.                 |          |

**There will be a fee of Kr.100,- for each bracelets that isn't returned after the competition.**

|                           |       |
|---------------------------|-------|
| Date:                     | Sign: |
| # of bracelets delivered: |       |
| # of bracelets returned:  |       |

Accreditation form must contain name of **coaches and team leader**.

**Swimmers** accreditation will be made based on the start lists.

Accreditation form must be received before hrs. 24:00 Wednesday October 23rd.

Please send the form to [meet.director@northseaswimmeet.com](mailto:meet.director@northseaswimmeet.com)